

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Propane Gas Association Political Action Committee -PropanePAC

Full Name (Last, First, Middle Initial)

A. RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
disbursementCandidate Name
RELY ON YOUR BELIEFS FUND011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.9554

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RICHARD POMBO FOR CONGRESSMailing Address 400 CAPITOL MALL
SUITE 1560

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
disbursementCandidate Name
RICHARD POMBO FOR CONGRESS011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: SB23.9506

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RICK RENZI FOR CONGRESS

Mailing Address P.O. Box 2383

City Prescott State AZ Zip Code 86302

Purpose of Disbursement
contributionCandidate Name
RICK RENZI FOR CONGRESS011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: SB23.9483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

TOTAL This Period (last page this line number only) ►